

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
SAMII PAYMENT REQUEST FORM

*Mail to:*  
DFAS Accounts Payable (A/P)  
P.O. Box 1643  
Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT \_\_\_\_\_ PAPER \_\_\_\_\_ VENDOR#:

\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]
<b>CODING INFORMATION:</b>	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
<b>DESCRIPTION OF CODING OR FUNDING SOURCE</b> (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION GR 100% 0101 886 3155 2955 1536 Q221	

<b>SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE</b>	
June 2018 Payment	

DFAS USE ONLY--DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
<b>PURCHASING:</b>	
PO#	COMM LINE: INIT/DATE:
<b>ACCOUNTS PAYABLE</b>	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

**“ORIGINAL”**  
Only Invoice Available

Contract # CS170042001

Vendor Number: ██████████

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: P.O. Box 65

Greenwood, MO 64034

Bill To: Missouri Department of Social Services  
Division of Finance & Administrative Services  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082

Invoice Number: 2018-13

Invoice Date: 1-Jun-18

Service Period: June 1 - June 30, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 1,961,414.47	\$ 179,194.85

Quarterly expenditure adjustment:

Total Due: \$ 179,194.85

Allocation Remaining \$ 9,728.83

*Approved  
6-1-18  
J.E. Benke*

Signature: Marsha Middleton